

HEALTH ASSESSMENT

Estimated delivery date: _____ Actual delivery date: _____ ☐ Multi-fetal gestation

Previous pregnancy end: ☐ No previous pregnancy ☐ Date _____ # infants delivered: _____

Delivery outcome(s): ☐ Alive ☐ Dead ☐ Miscarried ☐ Stillborn

NUTRITION ASSESSMENT

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

Health/Medical

I am going to ask you some questions about your health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

- How are you feeling now? _____
- Are you having any medical problems that make it difficult to care for yourself or your baby?
 - ☐ No
 - ☐ Declined
 - ☐ Yes (Describe) _____
[201, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 353, 354, 356, 358, 359, 360, 361, 362, 363, 381]
- What medications are you currently taking?
 - ☐ None
 - ☐ List medications: _____ [357]
- Was this your first pregnancy? ☐ Yes ☐ No ☐ Declined Number of pregnancies: _____
- Did you have any health or medical concerns with this last pregnancy, such as gestational diabetes?
 - ☐ No
 - ☐ Declined
 - ☐ Yes (describe) _____ [303, 304, 311, 312, 321, 335, 337, 339, 359]
- Do you have any dental problems that prevent you from eating some foods?
 - ☐ No
 - ☐ Declined
 - ☐ Yes (describe) _____ [381]
- (Only ask this question if mom is being certified before the infant.)* How is your baby doing?

- How much did your baby weigh at birth? _____ pounds _____ ounces [312, 337]

9. When was your first visit for prenatal care? Date: _____

10. It helps if we know where you go for medical care. Which medical clinic or provider do you go to?

☐ No provider

☐ Declined

☐ Unknown

☐ Provider: _____

11. How often do you go for medical care? _____

Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. Do you smoke?

☐ No

☐ Declined

☐ Yes: # of cigarettes/day: _____ [371]

2. Did you smoke during the last 3 months of your pregnancy?

☐ No

☐ Declined

☐ Yes

3. Does anyone living in your house smoke *inside* the home?

☐ No

☐ Declined

☐ Yes [904]

4. Do you drink alcohol?

☐ No

☐ Declined

☐ Yes

How many drinks at a time? _____

How often? _____

[372]

5. Did you drink alcohol in the last 3 months of your pregnancy?

☐ No

☐ Declined

☐ Yes # drinks/week _____

6. Have you used street drugs since the baby was born?

☐ No

☐ Declined

☐ Yes (describe) _____

[372]

7. What kind of activity or exercise do you like to do on most days?

☐ Bike riding

☐ Dance

☐ Exercise class/gym

☐ Exercise DVD/video

☐ Jog/run

☐ Play outdoors with children

☐ Swim

☐ Walk

☐ Yoga

☐ Declined to answer

☐ Other

Frequency – times per week (opt.)_

Length of time in minutes (opt.) _____

Nutrition/Health

I am going to ask you some questions about your health and nutrition. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. Tell me about feeding your new baby. How is it going?

Method: ☐ Breastfeeding

☐ Combination feeding

☐ Formula feeding

☐ Other (describe) _____ [601, 602]

2. *(If any breastfeeding)* Would you like to learn more about or have help with breastfeeding?
☐ No
☐ Declined
☐ Yes (describe) _____
3. How has your appetite been?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
☐ Other (describe) _____ [427.02]
4. Are there foods that you avoid for any reason, including food allergies?
☐ No
☐ Declined
☐ Yes (describe) _____ [353, 355, 358, 362, 427.02, 902]
5. What foods do you typically eat? _____
 _____ [427.02, 427.05, 902]
6. What do you drink most days?
☐ Coffee ☐ Juice ☐ Kool-Aid/punch ☐ Soda: diet ☐ Soda: regular ☐ Sports drinks ☐ Tea ☐ Water
☐ Milk (*circle:* whole lowfat skim lactose reduced/free goat raw soy) ☐ Other _____ [427.02, 427.05]
7. Sometimes women experience unusual cravings after having a baby that may include non-food items like eating paper.. Do you regularly eat things other than food?
☐ No
☐ Declined
☐ Yes
 ☐ Dirt ☐ Clay ☐ Carpet fibers ☐ Dust ☐ Ashes ☐ Laundry starch
 ☐ Cigarette butts ☐ Paint chips ☐ Other _____ [427.03]
8. Tell me about any vitamins, minerals, herbs or dietary supplements you are taking. *(If taking a prenatal vitamin)* What type of prenatal vitamin are you taking?
☐ None ☐ Children's vitamin/mineral supplement
☐ Folic acid supplement ☐ General vitamin/mineral supplement
☐ Iodine ☐ Iron
☐ Prenatal vitamin/mineral supplement, herb/dietary supplement or other: _____ [427.01, 427.04]
9. Did you take a multivitamin during pregnancy? (includes prenats)
☐ No ☐ Declined ☐ Yes
10. Did you take a multivitamin before your pregnancy?
☐ No ☐ Declined ☐ Yes
11. During the last 6 months, have you run out of money to buy food?
☐ No
☐ Declined
☐ Yes (describe) _____ [427.02]
12. Given all we have talked about, what nutrition or health questions do you have today?
☐ No questions/concerns
☐ Questions/concerns _____

USDA		USDA	
CODE	NUTRITION RISK CRITERIA	CODE	NUTRITION RISK CRITERIA
101	UNDERWEIGHT (WOMEN)	355	LACTOSE INTOLERANCE
111	OVERWEIGHT (WOMEN)	356	HYPOGLYCEMIA
133	HIGH MATERNAL WEIGHT GAIN	357	DRUG-NUTRIENT INTERACTIONS
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	358	EATING DISORDERS
303	HX OF GESTATIONAL DIABETES	359	RECENT MAJOR SURGERY, PHYSICAL TRAUMA, BURNS
304	HX OF PREECLAMPSIA	360	OTHER MEDICAL CONDITIONS
311	HX OF PRETERM DELIVERY	361	DEPRESSION
312	HX OF LOW BIRTH WEIGHT	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
321	HX OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS	363	PRE-DIABETES
331	PREGNANCY AT A YOUNG AGE	371	MATERNAL SMOKING
332	SHORT INTERPREGNANCY INTERVAL	372	ALCOHOL AND ILLEGAL DRUG USE
335	MULTIFETAL GESTATION	381	ORAL HEALTH CONDITIONS
337	HX OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT	401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS
339	HX OF BIRTH W/ NUTRITION RELATED CONGENITAL/BIRTH DEFECT	427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN
341	NUTRIENT DEFICIENCY DISEASES	427.01	DIETARY SUPPLEMENTS W/ POTENTIALLY HARMFUL CONSEQUENCES
342	GASTRO-INTESTINAL DISORDERS	427.02	CONSUMING DIET LOW IN CALORIES/NUTRIENTS
343	DIABETES MELLITUS	427.03	COMPULSIVELY INGESTING NON-FOOD ITEMS (PICA)
344	THYROID DISORDERS	427.04	INADEQUATE VITAMIN/MINERAL SUPPLEMENTATION
345	HYPERTENSION (INCL CHRONIC/PREGNANCY INDUCED)	427.05	INGESTING FOODS THAT COULD BE CONTAMINATED
346	RENAL DISEASE	501	POSSIBILITY OF REGRESSION
347	CANCER	502	TRANSFER OF CERTIFICATION
348	CENTRAL NERVOUS SYSTEM DISORDERS	601	BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK
349	GENETIC AND CONGENITAL DISORDERS	602	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMP.
351	INBORN ERRORS OF METABOLISM	801	HOMELESSNESS
352.1	INFECTIOUS DISEASES - ACUTE	802	MIGRANCY
352.2	INFECTIOUS DISEASES - CHRONIC	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
353	FOOD ALLERGIES	903	FOSTER CARE
354	CELIAC DISEASE	904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE